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DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
REGION IX

OCT 18 2001

75 Hawthorne Street
Suite 408
San Francisco, CA 94105

Phyllis Biedess, Director
Arizona Health Care Cost Containment System
801 E. Jefferson
Phoenix, AZ 85034

Dear Ms. Biedess:

Enclosed is Arizona State plan amendment (SPA) 01-011, which I have approved effective January 1, 2002, as you requested. This SPA extends full Medicaid benefits to the new optional Medicaid eligibility group of women who have been screened under the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program, and found to have breast or cervical cancer.

Women are considered screened within the meaning of the CDC program if their clinical services were provided, all or in part, by CDC funds under Title XV of the Public Health Service Act. CDC Title XV grantees receive funds under a cooperative agreement with CDC to support activities related to the National Breast and Cervical Cancer Early Detection Program.

We look forward to working with you and your staff in implementing this new eligibility group. Please contact Ronald Reepen at (415) 744-3601 if you have any questions or comments.

Sincerely,

Linda Minamoto
Associate Regional Administrator
Division of Medicaid

cc: Joan Peterson, CMS, CMSO, FCHPG
Elliott Weisman, CMS, CMSO, PCPG (two copies)

cc: Phyllis Branch
Lynn
check original
x c to file

STATE: Arizona

Citation	Groups Covered
1902 (a) (10) (A)(ii) (XVIII) of the Act	<p>B. <u>Optional Groups Other than Medically Needy</u> (continued)</p> <p><u>X</u> 21. Women who:</p> <ul style="list-style-type: none">a. Have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under Title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer;b. Are not otherwise covered under creditable coverage, as defined in section 2701(c) of the Public Health Service Act;c. Are not eligible for Medicaid under any mandatory categorically needy eligibility group; andd. Have not attained age 65. <p>___ 22. Women who are determined by a "qualified entity" (as defined in 1920(b)) based on preliminary information, to be a woman described in 1902(aa) the Act related to certain breast and cervical cancer patients.</p> <p>The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.</p>

TN No. 01-011
Supersedes
TN No. N/A

OCT 18 2001
Approval Date: _____ Effective Date: January 1, 2002